



Effective Health Care Multimodal Pain Management Programs vs. Single Therapies Nomination Summary Document

Results of Topic Selection Process & Next Steps

- Multimodal pain management programs versus single therapies for chronic, mixed cause, noncancer, neuropathic pain in adults is not feasible for a full systematic review due to the limited data available for a review at this time; however, it will be considered for a potential technical brief by the Effective Health Care (EHC) Program.
- To see a description of a technical brief, please go to <http://effectivehealthcare.ahrq.gov/index.cfm/research-for-policymakers-researchers-and-others/>.
- If this topic is developed into a technical brief, key questions will be drafted and posted on the AHRQ Web site. To sign up for notification when this and other EHC Program topics are posted, please go to <http://effectivehealthcare.ahrq.gov/index.cfm/join-the-email-list1/>.

Topic Description

Nominator: Government agency

Nomination Summary: The nominator states that the topic of chronic non-cancer pain is an important area of focus, which can be further narrowed to mixed-cause neuropathic pain. The nominator suggests that chronic neuropathic pain of peripheral origin can include diabetic neuropathy, postherpetic neuralgia, trigeminal neuralgia, and complex regional pain syndrome. The nominator suggests that low back pain, pain related to fibromyalgia, and myofascial pain may also be of interest. The nominator feels that pain related to spinal cord injury, CNS lesions such as stroke, Parkinson's disease, multiple sclerosis, phantom limb pain following amputation, HIV, and cancer etiologies can be excluded from the scope of the nomination. The nominator would like to compare comprehensive/multidisciplinary/interdisciplinary pain programs to single therapies including medications (e.g., NSAIDs, anticonvulsants, antidepressants, SSRIs, opioids, and topical agents), regional anesthesia, implantable drug delivery devices, spinal cord stimulators, physical therapy (e.g., exercise and modalities), complementary and alternative medicine therapies, cognitive behavioral therapy, and others. The nominator suggests that there have long been guidelines and consensus documents on acute pain and cancer pain, but not for chronic, non-cancer pain. Furthermore, they state that the only thing insurance companies are willing to cover (injections and interventional procedures) are expensive, risky, overused, no better than things like massage, and may be inferior to multidisciplinary/multimodal therapy programs.

Population(s): Adults with chronic, mixed-cause, non-cancer neuropathic pain.

Intervention(s): Multimodal pain management programs.

Comparator(s): Single agent therapies (see above).

Outcome(s): Potential benefits include reduction in pain, reduced disability, and improved quality of life and function. Potential harms include interactions of pain treatments with existing comorbidities.

**Key Questions
from Nominator:**

1. Are multidisciplinary programs for chronic non-malignant pain more effective at reducing pain and improving function than single interventions?
2. What are the reported components of these multidisciplinary programs?
3. Is there any evidence that any combinations of therapies within a program are more effective than any other combinations?
4. What components of a multi-modal approach to pain management are most effective? Is there evidence that treatment effectiveness varies by patient population?
5. Which patient factors are associated with improved [or decreased] response to treatment?

Considerations

- The topic meets EHC Program appropriateness and importance criteria (For more information, see <http://effectivehealthcare.ahrq.gov/index.cfm/submit-a-suggestion-for-research/how-are-research-topics-chosen/>.)
- Guidelines for multidisciplinary treatment for the conditions of interest are limited. It appears that multimodal pain management strategies may be efficacious, yet the literature suggests a high degree of uncertainty and practice variation exists surrounding this strategy of pain management. Existing synthesized literature does not fully cover the topic, especially the peripheral neuropathic conditions the nominator is interested in. Most of the research on multimodal, multidisciplinary pain management is focused on conditions such as cancer, fibromyalgia, low back pain, and other musculoskeletal conditions. Challenges remain with the lack of standardization of the topic (e.g., lack of a standard definition or program for multidisciplinary or interdisciplinary pain management), and the literature may be limited for some conditions.
- This topic is not feasible for a full systematic review; however, a technical brief may be the best fit for this topic and would provide a good sense for what evidence is available for multimodal pain programs.